

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5378HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2010
NAME OF PROVIDER OR SUPPLIER GOLDEN MEMORIES			STREET ADDRESS, CITY, STATE, ZIP CODE 1421 KINGLET DRIVE RENO, NV 89441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State licensure survey conducted in your facility on 01/15/2010. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was two. Two resident files were reviewed and one employee file was reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	H 000			
H 055	<p>Tuberculosis-Residents</p> <p>NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120)</p> <p>1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for</p>	H 055	<p>Tork Carver + Michael Willis</p> <p>Resident was taking 2-1-10 To get his T.B 1 Test ON 2-1-10 waiting TO DO TB 2 TEST IN 7 DAYS</p> <p>All residents in the Golden Memories Home. Will have Tuberculosis Test before moving in to the home, and every year after TB 1 + 2 Test will be given.</p>	<p>2-1-10</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this Statement of Deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

XU8D11

TITLE *Director*

(X8) DATE

2-1-10

If continuation sheet 1 of 5

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H 055	Continued From page 1 extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and	H 055	BEfor Admittance Any Person IN to The Group Home All Files will be Checked For TB Test. All Person will Recieve TB 1 + 2 Test BEfor Moving IN Full Screening will BE Done TO Be Sure all other Residents ARE SAFE. Resident NAME Tork CARTER	2-1-10 OK CJ

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STATE FORM

6899

XU8D11

RECEIVED

If continuation sheet 2 of 5

FEB 11 2010

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

Bureau of Health Care Quality and Compliance

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(X4) ID PREFIX TAG H 055	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall	ID PREFIX TAG H 055	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) EVERY ONE WILL BE TESTED FOR TB 1 + 2 TEST EACH YEAR and before moving in NO ONE will BE Able to move in to the Group Home with out being tested. and staff will be aware of all symptoms that might be a risk for TB. Tork Carver Resident's NAME	(X5) COMPLETE DATE 2-1-10 ok cg

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H 055	<p>Continued From page 3</p> <p>not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>This Regulation is not met as evidenced by: Based on record review on 01/15/2010, the facility failed to 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis (TB)</p>	H 055	<p>Only ONE Admitted in 2-1-10 to the Group Home All Resident Will Have a TB 1 + 2 TEST If test Positive Resident will Be Treated Accordingly Recommendations of the Center for Disease Control and Prevention for Counseling & Treatment.</p> <p>2-1-10</p> <p>TORR COVER HAS Had His TB TEST</p>	<p>OK cg</p>	

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H 055	Continued From page 4 testing (Resident #2 - missing a two-step TB skin test).	H 055	Golden Memories will KEEP RECORDS IN RESIDENTS FILE TO MAINTAIN THAT T.B TEST 1 & 2 WILL BE UP TO DATE EACH YEAR. And this will not Reoccur Again	2-1-10	
			Michael Willis	2-1-10	

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